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MAIL STOP 16  
PATENT  
1501-1293

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Torgny LAGERSTEDT et al.

Conf. 8955

Application No. 10/526,361

Group 1723

National Stage Appln. PCT/SE03/01357

A DISC STACKING ARRANGEMENT

**CLAIM OF SMALL ENTITY STATUS  
AND REQUEST FOR REFUND**

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants hereby claim small entity status under 37  
CFR 1.27.

Applicants hereby request that 1/2 of the basic  
National Stage Fee, 1/2 of the National Stage Search Fee, 1/2 of  
the National Stage Examination Fee and 1/2 the surcharge, namely  
\$515.00, be credited to Deposit Account No. 25-0120 as the refund  
is requested within the three-month term.

Respectfully submitted,

YOUNG & THOMPSON

*Benoit Castel*

Adjustment date: 08/25/2005 RWHITE1  
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(703) 979-4709

BC/lad  
June 2, 2005

08/25/2005 RWHITE1 00000007 10526361

01 FC:2631	150.00 OP
02 FC:2633	103.00 OP
03 FC:2642	200.00 OP
04 FC:2617	65.00 OP

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ACCOUNT PURPOSES

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YOUNG & THOMPSON

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Repln. Ref: 08/25/2005 RWWHITE1 0013494600  
DAH:250120 Name/Number:10526361  
\$515.00 CR

BC/lad  
June 2, 2005

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6/2/05</u>		2 Serial/Patent # <u>10/526361</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input checked="" type="checkbox"/>	Filing <u>Change Entity</u>			\$ <u>515</u>						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
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<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ <u>515</u>						
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	Treasury Check								
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:								
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">20</td> </tr> </table>			2	5	--	0	1	20
2	5	--	0	1	20					
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>								
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext 23</u>								
OFFICE: <u>DO/EO</u>										
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